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FACSIMILE TRANSMITTAL SHEET

TO: Mail Stop Petitions

FIRM/COMPANY: Commissioner for Patents

FACSIMILE NUMBER: 571 273-8300

**CONFIRMATION
TELEPHONE:**

FROM: Ruth Der, Paralegal

DIRECT DIAL: 415.957-3031

DATE: February 9, 2007

FILE NUMBER: Atty. Docket No. R0367-00105, US Serial No. 10/719,612

TOTAL # OF PAGES: 18
(INCLUDING COVERSHEET)

MESSAGE: Attached are *Petition For Revival Of An Application for Patent Abandoned Unintentionally Under 37 C.F.R. §1.137(b); and Amendment And Response To Office Action Mailed 05/24/2006, including Terminal Disclaimer.*

Please confirm receipt of this facsimile.

NOTE: Original will not follow

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FEB 09 2007

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of
Burbank et al.

) Examiner: Brian S. Szmaj

) Group Art Unit: 3736

For: BREAST BIOPSY SYSTEM AND
METHODS

Serial No.: 10/719,612

TRANSMITTAL

Filed: November 21, 2003

Atty. Docket No.: R0367-00105

CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8

I hereby certify that this correspondence is being transmitted by facsimile (571) 273-8300 and addressed to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on Feb. 9, 2007 in San Francisco, CA.

By: Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application are

- X Petition For Revival Of An Application for Patent Abandoned Unintentionally Under 37 C.F.R. §1.137(b); and
- X Amendment And Response To Office Action Mailed 05/24/2006, including:
- X Terminal disclaimer.

2. Fees Due

- X No additional claim fee is required.
- Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra Claims	Rate	Fee
Independent Claims	2201	2 - 3 =	0 x	\$100=	\$-0-
Total Claims	2202	23 - 24 =	0 x	\$25=	\$-0-

- X Petition fee, \$750.
- X Terminal Disclaimer, \$65.

Total Fees Due, \$835.

3. Payment of Fees

X The Commissioner is authorized to charge the fees and to credit any overpayment of fees associated with this communication which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-00105. A duplicate copy of this sheet is enclosed herewith for this purpose.

Respectfully submitted,

By: 

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